ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| | | | |
| FEE DETERMINATION | MM | | 11/08/01 |
| O.I.P.E. CLASSIFIER | DW | 37 | 11/15 |
| FORMALITY REVIEW | WK | 625 | 11/26/01 |
| RESPONSE FORMALITY REVIEW | | | |
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BEST AVAILABLE COPY

## INDEX OF CLAIMS

| | | | |
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| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim Final | Claim Original | Date |
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| Claim Final | Claim Original | Date |
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| Claim Final | Claim Original | Date |
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If more than 150 claims or 10 actions staple additional sheet here

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FM/1864
1/25/01